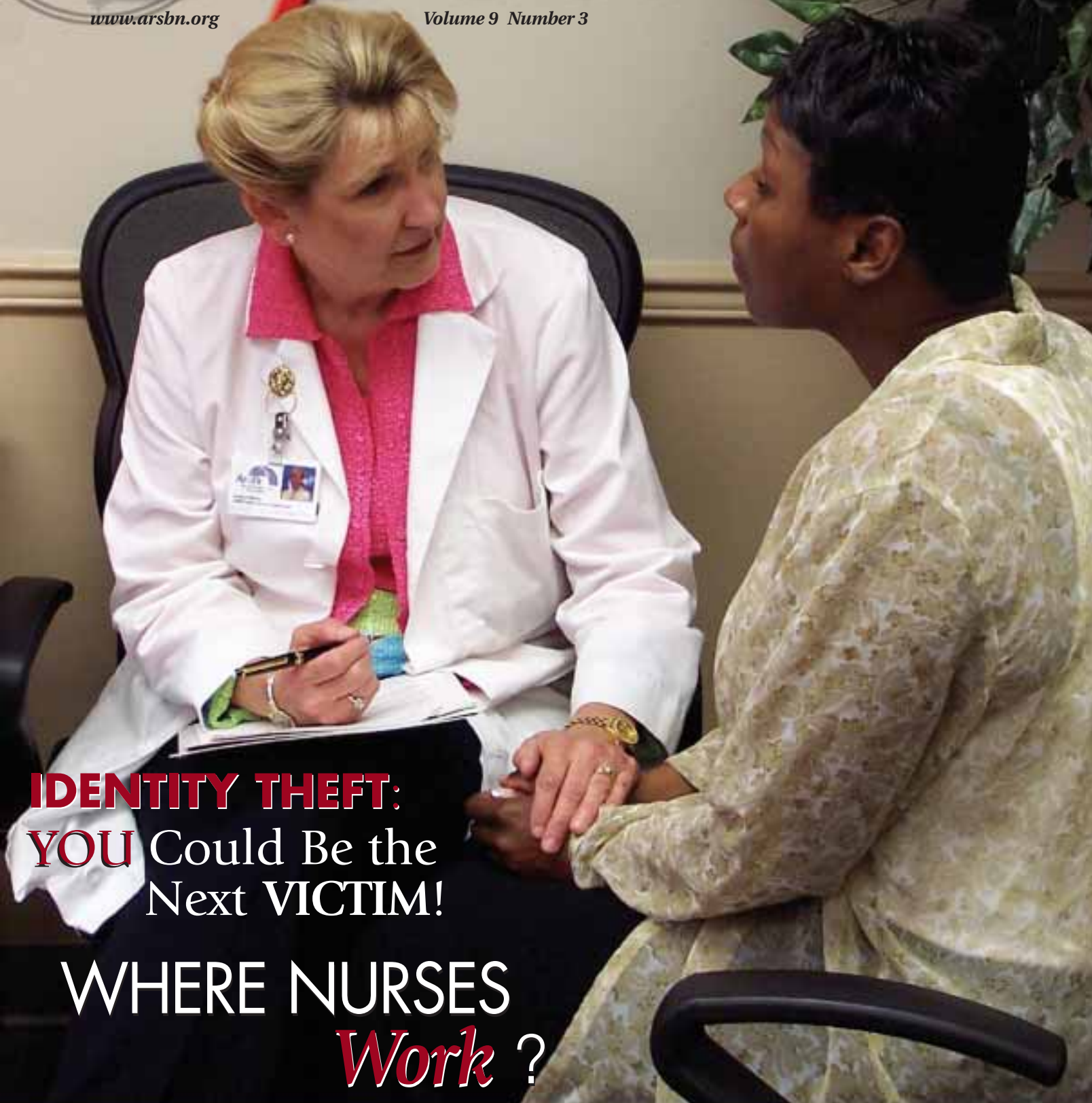




ASBN *Update*

www.arsbn.org Volume 9 Number 3



IDENTITY THEFT:
YOU Could Be the
Next **VICTIM!**

WHERE NURSES
Work?

Publication of the Arkansas State Board of Nursing

Twelve Nurses Who Touch Lives



Jan Bauresis



Frances Chinske



Dasie Jackson



Kathie Mize



Kathryn Murray



Maureen Colvert Smith



Chasity Stock



Denise Storey



Faye Strange



Anne Marie Swafford



Kenny Worley



Gary Young

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The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

EXECUTIVE DIRECTOR Faith A. Fields, MSN, RN
EDITOR Alisa R. Caple, MNSc., RN

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RECRUIT NURSES. www.thinkaboutitnursing.com

Surfin' USA (and around the world)

THE EMAIL ARRIVED FROM ALISA WITH AN ASSIGNMENT THAT SEEMED SIMPLE ENOUGH - write an article on "Where Nurses Work." But

after Executive Director, Faith Fields, read my mind and wrote her column on exactly what I was going to write, I was forced to shift topics. I began with an internet search, and it became so addictive that I spent most of the morning "surfin." What did I find?

First, I found that I wasted a lot of time and money on my education. For only \$399.00 I could "Obtain a

prosperous future, earning power, and the admiration of all" by purchasing a diploma "from prestigious non-accredited universities" based on my "present knowledge and life experience." What a deal - "no required tests, classes, books, or interviews!"

"Bachelors, masters, MBA, and doctorate (PhD) diplomas available in the field of your choice." And best of all, "No one is turned down and confidentiality is assured."

But what could I do once I bought such a diploma? Well, in my next search I learned there are nursing jobs available all over the world, from A to Z. I could be a "Scout Nurse" (Boy or Girl?) in Australia or an "Intake Coordinator" in Zambia. (I'm not sure what one is, but I bet it beats the heck out of being an output coordinator.)

If my skills ever get a little rusty, I could move to England and take a job as a "Practice Nurse."

I'd be out of luck in Thailand, though. It seems like I'd be more likely to find an OB job in the US than in any field in Thailand. The number one qualification in their ads was "Female," followed by "between 20 and 30." They must have a Hollywood casting director writing their ads. (However, there was no mention of being voluptuous or air-headed, so maybe not.)

Hey - here we go. Surely five years in New Orleans qualified me for this one: "Infected Nurse, Mexico."

But what about here in the good old US of A?

There are hundreds of recruitment sites. I always knew that there were a lot of nursing specialties, but one site asked me to choose from 52! I noticed that one of the 52 was "Other." Curious to see if there was anything that didn't fit in one of the other 51 categories I clicked on "Other" and learned that there were some. Most interesting was a "Floating Flight Nurse." Now I've seen many flighty float nurses, but a "Floating Flight Nurse" was a new one for me. One site had both a "Sexual Health Nurse" and an "Outpost Nurse."

In the end, I realized that all of the other sites were just a waste of time when I followed a "Male Nurses Resources" link on one nurse employment site. By following this link, I learned that I didn't need to have a job - I could just sell myself!

"Shop for Male Nurses from 600+ merchants with one cart. Hundreds of trusted merchants. Thousands of popular brands. Do you shop.com?"

Just to get an idea what male nurses were selling for, I followed the next link:

"Looking for male nurses? eBay has great deals on new and used ones. If you can't find it on eBay, it doesn't exist!"

We'll, I'm sad to say that male nurses don't exist - either new or used. But then, maybe I was on eBay Thailand...



A stylized, handwritten signature in black ink.

Dan West, RN

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Ellen Krantz
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Executive Director's Message



Can you believe that the year is half over? Before we know it the stores will be putting out Christmas decorations! My how time flies.... And as the time flies, changes are bound to take place. There have been many over the history of the nursing profession. In 1913 when nurses were first licensed in Arkansas, I can imagine they assessed, planned, implemented, and evaluated at a very different level than they do today. The nurse of 1913 would never have dreamed that nurses would be performing some of the procedures they do now. It is an exciting time to be a nurse. But with change comes apprehension of losing the way it used to be. In the "good ole days" we spent time talking with our patients as we gave their back rubs. In the "good ole days" we assessed patients as we gave their baths. Do we long for the good ole days or have we embraced the advancing role that nurses have taken on over the years?

Today nurses work in so many different areas and provide care in so many different ways. In this issue of *ASBN Update* we recognize the many varied roles and work environments in which a nurse may be employed. Board of Nursing staff often talk with groups about the nursing shortage. Not too long ago I led a discussion with a group of high school students regarding nursing as a career choice. In a matter of minutes, the group named off about thirty different places a nurse could be employed. We discussed how so many other professionals these days graduate from college and can't find a job. They convinced themselves that nursing was a great profession to choose!

Sometimes, though, we shoot ourselves in the foot, so to speak. Case in point: My assistant's daughter is in high school and one of her friends is considering going into nursing. As a part of her career center class she spent some time shadowing nurses. The nurses at this particular place would not show them anything, teach them anything and would not spend the time to talk with them. Now granted, they were probably busy saving lives and such but how are we ever going to take care of the nursing shortage if we don't convince young people to enter the profession. And how are we going to convince them to enter the profession if we don't, well you get the point! We need to learn more about customer service and apply that as we deal with nursing students and young people who are interested in our profession. Eating our young is no longer a viable option!

Faith A. Fields

Faith A. Fields, MSN, RN

WIN DINNER FOR TWO!!

Find the "Thinkaboutitnursing" logo in this issue of the Update. Cut it out and mail it to: Thinkaboutitnursing, P.O. Box 17427, Little Rock, AR 72222

Entries received by July 29th will go into the drawing to win dinner for two courtesy of Publishing Concepts, Inc. Good luck and good hunting!



LOOKS
LIKE THIS!

From the Editor

On Monday June 13, 2005 the Arkansas State Board of Nursing held its 1st annual golf scramble at Eagle Hill Golf Course. This event was to raise the awareness of the state's impending nursing shortage, as well as money for nursing scholarships in Arkansas. Twenty-five teams participated in the four-person scramble. First, second, and third places were paid in three flights. In the first flight, first place went to Rodney Priest, Brian Pfeiffer, Rodney Allen, and Matt Mize; second place was Russ Berryhill, Brad Johnson, Scott Wallace, and Dick Simpson; and third place to Todd Ferrand, Brandon Brannon, Rusty Jones, and Shawn Humble. The second flight first place went to Scott Nauman, Dave Elswick, Dave Medford, and Wayne Dent; second place to Joe Escobedo, Robin Mitchell, Chad Gwin, and Susan Erickson; third place for Sam Hawkins, Rodney Bryant, Gerald Russell, and Rhonda Jorden. In the third flight first place went to Bev Lambert, Bill Rowland, TJ Marshall, and Joe Marshall; second place to Dianne Campbell, Sue Lowe, Kathy Phillips, and Susan Conley; and third place to Margaret Woods, Amy Dunn, Rick Urquhart, and Sam Mills.

Side games consisted of longest drive on hole number two with Shawn Humble winning the men's side and Gini Ingram winning for the women; longest, middle line drive on number 18 with Shawn Humble and Rhonda Jorden winning; the par threes closest to the pin winners were Tony "Bone Man" Francis (#4), D'Anna Williams (#6), Jim Shamburger (#12) and Greg Simrel (#14). Hole number 16 was the \$10,000 hole-in-one of which went unclaimed. A big thanks to all who made this event a success!

Alisa R. Caple

The following were major contributors:

- ARORA (\$3000)
- Baptist Health (\$3000)
- Arkansas Hospital Association (\$1500)
- Johnson & Johnson (\$1500)
- Arkansas Foundation for Medical Care (\$750)
- Mitchell, Williams, Selig, Gates & Woodyard (\$300)
- UCA Nursing/UCA Friends of Nursing (\$250)
- Wright, Lindsey & Jennings, LLP (\$250)

The following donated \$125 each: Bank of the Ozarks, Cabot Medical Center, Developmental Disabilities Provider Association, Hill-Rom, LAS Travel & Leisure, Margarita Girls, and R&D Medical Staffing, Inc. Media coverage was provided by: Citadel (KARN & KURB), KARK, and PCI Publishing Concepts, Inc. Nurses Recognized were: Betty Bennett, RN; JoAnne Bissell, RN; Carl L. Caple, CRNA; Courtney

Cook, RN; Beth Dobbs, RN; Holly Fourmy, RN; Priscilla Green, RN-2005 SVIMC Nurse of the Year; Julie Hendrickson, RN-2005 SVN Nurse of the Year; Karen Hester, LPN; Doris Johnson, RN; Russell D. Johnson, RN; Sheila Martin, RN; Peggy Moody, RN; Rhae Ann Noble, LPN; Jeff Pledger, LPN; Rodney A. Priest, RN; and Elaine Townsley, RN.

BOARD MEMBER PROFILE

Name: : Frank G. Fusco

Place of birth: Chicago, Illinois

Family members: wife Edna, son Evan E. Fusco, M.D., daughter Danielle Kennedy, son (deceased) Brent S. Fusco

Town/County of residence: Mountain Home, Baxter County

Education: 3+ years college

Employment History: Newspaper reporter/editor, retail storeowner, and cattleman. Studied nursing 20 years ago but never pursued licensing.

When appointed to board:
February 2, 2005

Thoughts on being a Board member:

vitality important, interesting, challenging, stressful, rewarding

Thoughts on role of Board: part of a team but make decisions as an individual

Favorite book/sport/hobby: : like books about early American History in the 1700 to 1840 era, hunt, trail ride on an ATV, wood-working, writing, currently working on second novel. Politically active.

Leisure activities: Leisure? Do not know what that is.

If I received a million dollars I would: take my wife on a cruise, enjoy retirement

Favorite food/Last meal: Favorite food is whatever is being served, especially if it has meat in it. My last meal would be beef.

I absolutely will not eat: tomatoes

If I've learned one thing in life it's: actions have consequences

I knew I was grown up when: I refuse to grow up. When fun, new ideas, and challenges cease, life becomes meaningless.

My best time of day is: When I realize I am still here for a new day.

My family thinks I am: Not acting my age.

People would be surprised to know: I think I am really very patient.

Three adjectives that others would use to describe you: Opinionated, decisive, and impatient.

One word to sum me up: enigma

DOCUMENTING *Continuing Education* With License Renewal

by Sue Tedford, MNSc., APN

The next time you renew your license, you will be asked to document your continuing education. However, do not send in the actual certificates unless you are selected for random audit.

CONTACT HOURS OPTION

If you obtained the 15 practice-focused contact hours for your continuing education, you will be asked for the name and date of the continuing education activity as well as the approved provider and number of contact hours awarded. All of this information will be found on the certificate. The approved provider is not the company that hosted the learning activity; it is the organization which accredited the program. The certificate should have a statement similar to "This activity has been approved by (the name of the accrediting organization) for () contact hours." The listed accrediting organization must be listed on the ASBN Approved Approval Body list (www.arsbn.org) for the activity to be acceptable for license renewal. See right for an example of this section.

CERTIFICATION OPTION

If you renew using certification as your continuing education, you will need to list the name of the certification, certifying body, as well as the date of issuance and expiration. Certifications such as ACLS, PALS, and IV therapy do not count as certification for license renewal. However they may be used for contact hours.

CONTACT HOURS OPTION – 15 hours (20 hours late or inactive renewal)			
Date	Title	Name of Approved Provider	# of Contact Hours
5/4/04	Interpretation of ABGs	American Nurses Credentialing Center	2
12/18/04	What is Up with MRSA?	Emergency Nurses Association	4

CERTIFICATION OPTION			
Name of Certification	Name of Certifying Body	Date of Certification	Date of Certification Expiration
Clinical Nurse Specialist - Med/Surg	American Nurses Credentialing Center	12/26/96	11/30/2009

ACADEMIC OPTION				
Name of Course	Institution/School	Completion (month/year)	Number of Credit Hours	Grade Obtained
Caring for the Childbearing Family	University of Central Arkansas	12/04	5	A

ACADEMIC OPTION

If you renew your license by using a college course to meet the continuing education requirements, you will need to list the name of the course and school, date the course was completed, grade obtained, and number of credit hours awarded. One credit hour equals 15 contact hours. In order to count for license renewal, the course must be nursing or a related field. The prerequisites to a nursing degree cannot be used.

Important Information

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LOST OR STOLEN LICENSE

A listing of all lost or stolen licenses can be found at www.arsbn.org. All reissued licenses will have duplicate stamped on them. Employers are urged to inspect the original license from a job applicant and verify the nurse's identity with a photo ID.

Board Business



BOARD MEETING DATES

August 10 & 11 Disciplinary
 September 14 Disciplinary
 September 15 Business

October 12 Board Retreat
 October 13 Disciplinary
 November 9 Disciplinary

November 10 Business

The public is invited to attend ASBN Meetings. Groups of more than five should contact Carmen Sebastino at 501.686.2730

Board HIGHLIGHTS

At the May 2005 Board meeting the Board took the following actions:

- Approved Graceland University School of Nursing and Allied Health MSN for Clinical Nurse Specialist and Family Nurse Practitioner, Post Masters Certificate for Family Nurse Practitioner and the transition course for RN-MSN in Clinical Nurse Specialist-Family Nursing Tract and Family Nurse Practitioner.
- Granted continued full approval to the University of Arkansas for Medical Sciences, College of Nursing Baccalaureate degree program until the year 2009.
- Granted continue full approval to the University of Arkansas, Fort Smith, Practical Nurse Program until the year 2009.
- Granted continued full approval to the Northwest Technical Institute Practical Nurse Program until the year 2010.
- Granted continued full approval to the Southern Arkansas University Associate Degree Nursing Program until the year 2010.
- Granted approval to the Arkansas State University Technical Center satellite program at the Marked Tree Campus in Marked Tree, Arkansas. An on-site survey shall be completed in 2008 for continued full approval.
- Approved program changes made to

meet the requirements and that the Ozarka College Practical Nurse Program provide the Board a written report of continued progress for the January and May 2006 Board meetings.

- Granted conditional approval to the University of Arkansas, Pine Bluff Baccalaureate Degree Nurse program. The program shall provide the Board a written report of progress for review at the November 2005 Board meeting and a written and oral report of progress for presentation at the May Board meeting each year that the program is on conditional approval, and if satisfactory progress is not being made the Board will consider withdrawing approval of the program.
- Voted to accept the first year Low Pass Rate plan to increase the NCLEX-PN scores for the graduates of the University of Arkansas Community College at Hope Practical Nurse Program.
- Voted to accept the first year Low Pass Rate plan to increase the NCLEX-RN scores for the graduates of the Jefferson School of Nursing Diploma Nurse Program.
- Voted to accept the first year Low Pass Rate plan to increase the NCLEX-RN scores for the graduates of the Southeast Arkansas College Associate Degree Nurse Program.

- Voted to accept the first year Low Pass Rate plan to increase the NCLEX-RN scores for the graduates of the University of Arkansas, Monticello Baccalaureate Degree Nurse Program.
- Voted to accept the first year Low Pass Rate plan to increase the NCLEX-RN scores for the graduates of the Arkansas Tech University Baccalaureate Degree Nurse Program.
- Voted to accept the first year Low Pass Rate plan to increase the NCLEX-RN scores for the graduates of the Arkansas State University Baccalaureate Degree Nurse Program.
- Voted to accept the first year Low Pass Rate plan to increase the NCLEX-RN scores for the graduates of the Arkansas State University Associate of Applied Sciences in Nursing Degree Program.
- Voted to table the Washington Regional Medical Center plan to withdraw support for the Har-Ber School of Nursing and submit a revised plan that reflects currently enrolled students to graduate on schedule December 2006, either at Har-Ber School of Nursing or another entry RN program. The revised plan will be presented to the Arkansas State Board of Nursing at the June 2005 regular disciplinary meeting.
- Approved Policy Number III-40, Methadone Substance Abuse Treatment Program Guidelines



JEFFERSON

Regional Medical Center



As with all major medical facilities, quality patient care is the number one goal at Jefferson Regional Medical Center (JRMC) in Pine Bluff. But these days, a special emphasis is also placed on the satisfaction and continued education of the nursing staff.

“The healthcare industry is growing and evolving faster than ever before,” says Louise Hickman, BSN, RN, MA, CLNC, CCP, Vice-President of Patient Care Services at JRMC. “We want to provide our nurses with skills and technology that will allow them to grow along with their profession.”

Licensed for 471 beds, JRMC employs approximately 400 nurses in areas as

diverse as neurosurgery, open-heart surgery, cardiology, women’s services, orthopaedics, urology, home services and emergency care. Over the past year, JRMC has introduced a number of new strategies and procedures designed to enhance the nursing program including:

Implementation of Computerized Documentation System

The daily nursing routine at JRMC continues to be simplified by the addition of the electronic clinical documentation system. “JRMC has activated electronic orders, results and patient lists and is currently adding the nursing documentation components,” says Patrick Neece, Clinical Application Systems Director at JRMC. “Electronic nursing documentation will continue to save our nurses time and paperwork while



Lavon Sanford, RN, Clinical Nurse Manager, enters data into JRMC’s electronic documentation system.

Pictured to the Left: Patients at JRMC's Emergency Department now sign in electronically.



Surgery is just one of many specialty areas open to nurses at JRMC.

JRMC
Where Care Comes To Life

increasing the information available at the bedside, including patient results and physician orders.”

“This system has changed some of our nursing practices to incorporate timely, point of care documentation prior to the end of the shift,” says Lavon Sanford, RN, Clinical Nurse Manager, Neurology. “All patient care givers assist in capturing those documentation elements.”

Dashboard Indicators

“Every nursing unit receives a set of dashboard indicators to identify performance levels in a number of different areas,” says Mrs. Hickman, “including patient safety, quality performance, medication administration, and financial stability. It’s the same information you see from behind the dashboard of a car: green means you’re moving forward, red means progress has stopped.” The data is reported on a monthly basis and each nurse manager is responsible for improving his or her dashboard scores, which will be included in 2006 as part of the annual nursing evaluation. Dashboard indicators are reported to the Board of Directors and included on the JRMC Intranet as a management tool.

Higher Education for Management

Beginning in December of 2004, all nurse managers at JRMC were required to hold or begin pursuing a Bachelors degree, and all directors were required to have or pursue a Masters level education. “We believe that elevating the educational level of our nursing staff will improve critical thinking skills and improve our management force,” says Mrs. Hickman. “JRMC offers a generous tuition reimbursement program, too, which makes it easier for our nurses to pursue a higher education. Internally, we have established a clinical patient care coordinator role to provide mentoring skills to future managers – another important component of continuing education.”

Nursing Web Page

Launched on May 6, National Nurses’ Day, JRMC’s new nursing web page is available through the hospital Intranet. It serves as a primary communication tool from administration to the front line nurse. The web page provides news and current information about the nursing program at JRMC including updates from the Nurse Practice Council, the latest on computerized documentation developments, a schedule of educational activities and the opportunity to enroll and take CEUs on line.

In addition to these nursing advancements, JRMC has also focused on improvements in other areas of the hospital such as the emergency department, where physical enhancements and

technological advances are continuing to reduce wait times while ensuring that all patients receive appropriate care regardless of the severity of their condition. Additional triage nurses are on duty during high volume hours and the computerized documentation system allows nurses to access all

patient information from prior visits with just a touch of a button. “Our emergency department is one of the busiest in the state, with a projected census of between 38,000 and 42,000 patients this year,” says Louise Hickman. “This is a great place for nurses to train, not only because of the volume and variety of patients but also because of our association with the educational programs at the Area Health Education Center (AHEC).” JRMC is also the main CSEPP hospital in Southeast Arkansas with a decontamination team made up primarily of emergency nursing staff. Following a recent disaster drill, the program was rated among the top three percent nationwide by a team of federal evaluators.

“We believe it is our **obligation** to invest in the community through **services and programs** that **enhance patient satisfaction** as well as the **work environment** for our **nurses**.”

Along with technological advancements, some nursing areas have enjoyed cosmetic improvements this year. “Some of our older rooms have been remodeled to be more comfortable and attractive,” says Mrs. Hickman, “and to reflect some of the requests made by our patients.” Rooms that received a face-lift have a more contemporary look with new storage areas and flat screen TVs.

“As a major employer in Southeast Arkansas, we believe it is our obligation to invest in the community through services and programs that enhance patient satisfaction as well as the work environment for our nurses,” Mrs. Hickman says. “We’re very excited about the future.”

For more information about nursing opportunities at JRMC, contact Nurse Recruiter Patricia Jackson at 870-541-7774. To browse through current job openings, log on to www.jrmc.org. Click on Resources, followed by Job Opportunities. To apply for a position online, click on Resources, followed by Employment Application.

FYI

Due to remodeling, beginning July 1, 2005, the Arkansas State Board of Nursing will only be able to accommodate 50 students per disciplinary hearing. You are strongly encouraged to call Carmen Sebastino @ 501-686-2730 and reserve seating for upcoming dates. Currently all school spots have been reserved for the 2005 calendar year.

MEET THE

STAFF

Name: Alisa R. Caple

Place of Birth: Grundy Center, IA

Family Members: Carl (my wonderful loving husband who is a CRNA), Kevin (college @ UACCM) and Kyle Patterson (high school) (sons) and Sarah (step daughter who graduated this year and will be attending UALR)

Town/County of residence: Little Rock, Pulaski

Education: Masters in Nursing Science from UAMS

Pets: Adeline (a very spoiled Schnauzer named after my grandmother), Lillian (a new Schnauzer that is becoming very spoiled and is named after my husband's grandmother), RuPaul (an eccentric cockatiel) and many, many fish

Favorite Color: Orange

Favorite book/movie/TV

show/sport/hobby: Count of Monte Cristo by Alexandre Dumas-book and movie, Seinfeld, golf, reading, golf, sewing, golf-Did I say golf?

Leisure activities: Spending time with my family!! I also love to camp, go mountain biking, play golf, write (working on a memoir)

If I received a million dollars I would: divvy it up between family and then retire and travel

Favorite food/Last meal: Seafood (on the gulf) and anything Mexican at Senor Tequila's!

If I've learned one thing in life it's: that having a positive outlook and attitude is priceless

I knew I was grown up when: I had to host the Thanksgiving family gathering for the first time!

My best time of day is: Early morning-4:30ish!

My family thinks I am: too serious

People would be surprised to know: that I can do electrical wiring and plumbing!

Three adjectives that others would use to describe you: dependable, honest, hard working.

One word to sum me up: Positive

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WHERE NURSES *Work* ?

by **Bernice Colston**, *Advanced Practice Secretary*

NURSES PRACTICE IN ALL DIFFERENT KINDS OF SPECIALTIES - Family Nurse Practitioners, Adult Nurse Practitioners, Acute Care Nurse Practitioners, Gerontological Nurse Practitioners, Pediatric Nurse Practitioners, School Nurse Practitioners, Medical-Surgical Nursing Clinical Specialist, Women's Health Care Nurse Practitioners, Registered Nurses, Licensed Practical Nurses-I could go on and on. Nurses also work in all different settings - hospitals, clinics, dentist offices, and nursing homes. Almost anywhere in the medical field you will find lots of Nurses.

I'm reminded of four years ago when my mom was diagnosed with breast cancer. It was a very stressful and scary time for my family. I remember her doctor sitting the family down and explaining the situation to us. She was very professional. She talked to us in a way that we understood what she was saying, showing x-rays, and explaining the way procedures were to be done. The nurses were just as professional. They answered our questions and reinforced what the physicians had to say, always with a smile on their face.

The time I spent in the hospital with my mom I felt, "Why am I here?" The nurses were doing such a great job taking care of my mother I felt thankful and a little jealous at the same time - you see I'm used to doing that.

I'm fortunate to have this opportunity to say "Thank You" to Dr. Henry-Tillman at the Arkansas Cancer Research Center, Dr. Hutchinson, UAMS Oncology Clinic, St. Vincent's Central Arkansas Radiation Therapy Institute (CARTI), AND the staff of wonderful nurses!





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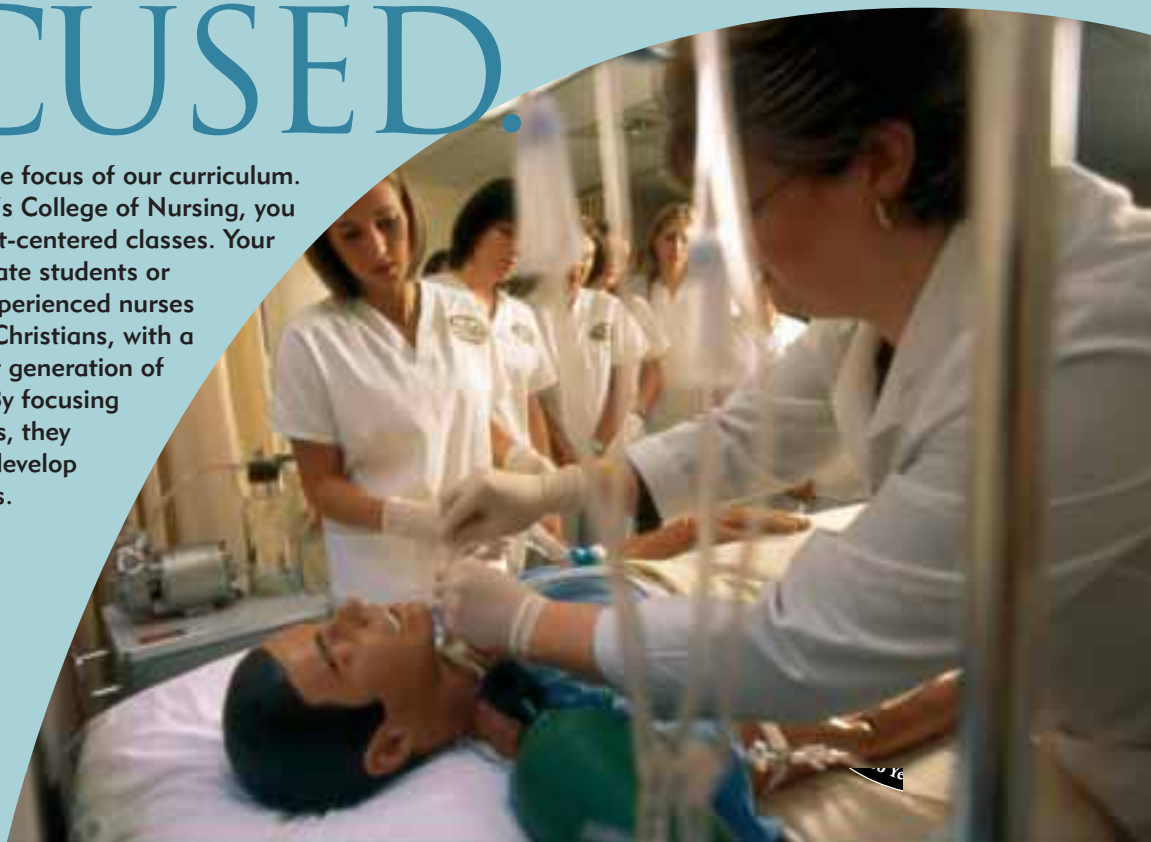
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Why Would Anyone want to be an ORGAN DONOR?

by Suzanne Mallory , RN, FSC



Family Services

This was a position pioneered three years ago in Arkansas, although common practice for the past 15 years in places such as Houston. The FSC is usually a nurse credentialed to practice in the hospital and acts as a liaison between the hospital and the OPO (Organ Procurement Organization). Arkansas' OPO is ARORA (Arkansas Regional Organ Recovery Agency). The FSC assumes the responsibility of the donation process and education of the medical and nursing staff about the process. Key elements are **EARLY** identification and **EARLY** referral of a potential donor along with **EARLY** support of the family and **EARLY** end organ management of the potential donor. Doing these things **EARLY** preserves the integrity of the hospital's donation process and coincides with Best Practices. Donation has greatly increased across Arkansas and ARORA now has seven FSC's with each transplant hospital having its own exclusive coordinator. The Family Services experiment is a success.

The FSC (Family Services Coordinator) assumes the responsibility of the donation process and education of the medical and nursing staff about the process.

Serving the Family

Physician, nurse, chaplain, social worker, and FSC work as a group, but have role distinctions. Together they fulfill the various needs of the patient and family. Many times the physician, nurse, and team sit down to deliver a message that the prognosis is poor and more testing will be done. Or that tests are complete and they are consistent with brain death. The family is shattered. When the family has had plenty of time to grieve at the bedside and say their good-byes, we sit back down as a team and discuss end of life decisions. One decision of which is donation. A family has a right to good information, good communication, expectation of having their questions and concerns addressed, and plenty of time to arrive at the right decision for their family. It is essential for the right person to ask about donation in the right place at the right time.

THE PHONE RINGS – IT'S TWO O'CLOCK IN THE MORNING – a concerned Emergency Department (ED) nurse conveys the circumstances of an expected arrival by med-flight. "No family here yet, but you need to come." Our ED can get busy even at that hour, and a nurse's time is valuable – I leave for the hospital. This will be a family in crisis. I begin to think about the time, patience and sensitivity that will be required. Questions pop into my head during the drive:

Wonder how bad this really is? How will the family handle tragic news? Is our staff up for the tremendous amount of teamwork it will take to meet this family's needs? Please, give me the strength I will need to serve this family and hospital staff.

If, while earning my nursing degree at the UAMS College of Nursing, someone had told me my specialty would be organ donation, I would have looked at them like they were crazy. Yuk! I like happy things like making people well. That is why I enjoyed working as a cardiovascular intensive care nurse. The patient has surgery, I take care of them, and they get well and go home. At least that is how it is supposed to work. In reality not every patient gets well in spite of our medical and nursing skills, new improved pharmaceuticals and soaring technology. And, on very rare occasions a patient falls into the criteria of being a potential organ donor. That is when I get the call. I am the UAMS Family Services Coordinator (FSC).

continued on Page 16

Where Nurses Work



Serving the Staff

The day your patient is a potential donor may promise to be a difficult day. You are dealing with a dying patient and that patient's family. It can be a physical and emotional drain. If the family consents to donation life gets even busier. The nurse still has much to do to assist the ARORA coordinators who assume the responsibility of patient care. The FSC will stay to help nursing efforts in any way possible.

Serving the Donor Family

I always regret that nursing staff rarely sees the donor family outside of the hospital walls. There is much to see and learn about how donation helps a family cope with their loss. Today as I write this article I have just returned from a donor family and recipient reunion. A little seven-year-old boy and his mother meet his donor family for the first time at ARORA. The cameras are rolling and flashing from the press and I am doing just great until the moms embrace. I can never remember to put enough tissue in my pocket! Did I ever think I would specialize in organ donation? – NO. Am I glad I did? – ABSOLUTELY!

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WHY Would a Hard Working Nurse Go to *Law School*?

by Ruthanne N. Murphy, Nurse Attorney

GET ASKED THIS QUESTION OFTEN and there are days I ask myself that question as well. Many years ago, a nurse/attorney came and talked to the nursing staff where I worked about medical ethics. I thought she was fascinating. Later that year, I was attending the

Please carry on your battle as the first line of advocates for excellent patient care and I promise you, it will be a choice you will never regret.

Critical Care Nurses Association's annual meeting and another nurse/attorney spoke to us. He talked about the shortage of organs for transplant, and whether it would only be the very wealthy who would be able to afford this procedure. I thought that upon completing law school, a hospital would be thrilled to hire me. I could help them avoid the pitfalls of malpractice and violations of state and federal laws. But that job just wasn't out there at the time!

I have always considered myself to be a patient advocate. I considered it to be just part of my job to watch out for the patients, their care, and their rights. The patient and their

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safety was my primary consideration. Somehow along the way I wandered into personal injury law, which quickly evolved into medical malpractice and litigation. One day while preparing a case for trial it hit me, I was still looking out for the little guy. My job as a plaintiff's attorney wasn't all that different. I took a terrible beating at the time from my many physician friends, but after I described a few of my cases to them, it didn't take long before they were convinced that I was still just trying to be a patient advocate.

I have met several nurses who have opened their own consulting businesses. Some market these businesses to attorneys, some market their expertise to nursing homes, billing, and a variety of other places. It does not require certification to practice as a legal nurse. The obviously good legal nurse is the one who has excellent knowledge of the area of nursing care in question,

understands the standards of care, and presents well. A good nursing consultant understands the area of negligence, what the right treatment was, and will stick to their ground when under attack.

When I went to work for the Board of Nursing, Mrs. Fields told me during the interview they were really trying to find a licensed attorney who understood the law and nursing care. Who would have thought when I started this journey so many years ago, that one day I would find a place that was made just for me. I had the perfect qualifications!

We all know that the majority of our colleagues are hard working and productive. They are dedicated to the care and protection of their patients. That alone should make each of you proud to be a nurse. Please carry on your battle as the first line of advocates for excellent patient care and I promise you, it will be a choice you will never regret.



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by Ed Sweeten, Information Systems Administrator

IDENTITY THEFT:

You Could Be the Next VICTIM!



It seems that everywhere you turn identity theft is in the news and for good reason. Identity theft is the fastest growing crime in the world today. If your identity is stolen the results can be catastrophic and take years to repair the damage to your credit - sometimes even resulting in the arrest of the victim for crimes committed by the thief.

How easy is it was to steal someone's identity? On my favorite internet search engine I typed in the phrase "How do you steal someone's identity?" Lo and behold I was given sites that explained the process! Some actually had links to websites in which you could have ID's, drivers licenses, or other identification cards made for virtually every state. Some sites took it a step further and even rated the quality of the cards.

Now that we know how easy ID theft is, how common is it for someone to become a victim? The Federal Trade Commission received 246,570 identity theft complaints in 2004 and estimates that up to 24 million Americans may be at risk. In fact, in the last 6 to 8 months, electronic data for approximately 6 million individuals has been fraudulently obtained or compromised through loss or theft.

So how do the thieves get your information? Let's start with a questionnaire.

1. Do you throw away documents containing personal information, i.e. drivers license number, SSN, account numbers, even date of birth, without shredding them?

2. Do you place outgoing mail or receive incoming mail in an unlocked mailbox?
3. Do you give out personal information when answering questionnaires or contests, in written form, over the phone, or the internet?
4. Do you make purchases over the internet from companies that you don't know or that are not widely known?
5. Do you fill out requests received in the e-mail that ask for various account information?
6. Has your wallet or purse ever been lost or stolen?

If you answered yes to any of the questions above, you are at risk. Identity thieves will steal or redirect your mail (this is the most common tactic), go through your trash (dumpster diving), break into your home, rob you personally, or try and trick you to get your personal information. Once they get the information, they may purchase goods that they can easily sell using credit accounts and default on them. In some cases houses and businesses have been purchased using the stolen identity. In most instances it is years before the crime is detected.

Now that I have made you paranoid (sorry to those of you who end up in therapy), how do you protect yourself?

1. Buy a personal shredder. Shred any document that contains personal information before throwing away.
2. Never give personal information out over the phone or internet unless you are absolutely sure with whom

you are dealing.

3. Pay attention to your mail. Not receiving credit card or bank statements could be a warning sign. Follow up on it. Better yet, rent a post office box for any sensitive mailings.
4. Pay attention to what you are filling out for contests and surveys. If they ask for personal information do not fill them out.
5. Keep track of your financial account balances and transactions. If you start noticing strange transactions report them.
6. The most important step of all is to regularly check your credit report to see if any accounts have been opened without your consent.

I have touched on a few of the steps you can take to protect yourself. The Federal Trade Commission has more information at <http://www.consumer.gov/idtheft/>.

It is ironic that people will take the time and spend money on alarms to protect their cars, homes, and other purchases, but very few will do this to protect what made those purchases possible: their identity and credit.

Until next time, happy computing...

FAQ

Frequently Asked Questions

Q. Are the continuing education requirements the same for RNs and LPNs?

A. Yes. Every nurse with an active license must have continuing education by completing one of the following options:

- Obtaining the required number of practice-focused contact hours from a nationally recognized or state continuing education approval body recognized by the ASBN

OR

- Maintenance of certification or re-certification by a national certifying body recognized by the ASBN

OR

- Completing an academic course in nursing or a related field

Sue Tedford

Q. Where can I find the application to download for the Nursing Student Loan Program on your website?

A. The application is not available at this time. The program is on hold until we receive enough funding to administer it again. Once we have sufficient funds to implement the program, the application will be posted on our website at www.arsbn.org under "Educational Resources" "Nursing Student Loans."

Darla Erickson

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The Disciplinary Process

by Alisa R. Caple, MNsc., RN, Special Projects Manager

THE ARKANSAS STATE BOARD OF NURSING has developed a brochure titled "THE DISCIPLINARY PROCESS: What Every Licensed Nurse Needs to Know." The brochure should answer most questions a nurse would have about the disciplinary process and how it might affect them. This brochure will be available on our website @ www.arsbn.org by clicking on publications.

The brochure is laid out as a detailed question and answer format. Areas

covered begin as basic as "What is a complaint?" to explaining the possible outcomes once an investigation is complete. It also lists the multiple databanks that will receive a report of a hearing.

If you discover that you are a party to a filed complaint and an investigation is impending, accessing this publication might be in your best interest. It is always a good idea to fully understand any process that has the potential to impact your practice.

Did You Know...

by Darlene Byrd, RN, APN

Recently I received a phone call from a pharmacist requesting my Medicaid number. I gave him my number but did not have time to inquire why he needed it. While doing some light reading in the Medicaid Nurse Practitioner Manual, I found the answer to that question. Did you know that all providers (including physicians) are required to put their Medicaid number on all prescriptions they write for Medicaid recipients? This is NOT a proposed change to the manual. It has been a requirement for some time. You can find the reference to this requirement in the Nurse Practitioner Section 203.100 Part B - 1. It is amazing what you can learn from the manuals, which give us rules that govern the nurse practitioner's practice in relation to Medicaid billing.

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DECISION MAKING MODEL

by **Alisa R. Caple, MNsc., RN**, *Special Projects Manager*

RECEIVE SEVERAL CALLS EACH WEEK from Advanced Practice Nurses (APN) regarding whether a specific activity is covered under their scope of practice. For that reason I feel compelled to review the Arkansas State Board of Nursing's Position Statement-Decision Making Model. This is available on the Board's web site (www.arsbn.org) under Position Statements as an Adobe PDF. You will then scroll down until you reach #98-6.

Being certified as an APN merely implies that the minimum requirements of your specialty have been successfully met. We are all aware of the continuing changes in nursing. It is the belief of the Board, as well as your nursing responsibility, to continually advance your level of knowledge and experience. For that reason it is impossible to specifically address each and every action an APN could take or may be asked to perform. With this in mind the Decision Making Model was approved by the Board in November of 1998.

The first step in determining whether something is under your scope of practice is clarification. You need to know exactly what is being asked of you. Why is it being asked? Who is involved in the decision? Has it been discussed previously?

You then follow an algorithm of eight different questions related to the specific action/task you have defined. Several of the questions will have you assess the request. The APN will need to look at their strengths, skills, knowledge, as well as who is available to assist if needed. What would the

patient's outcome be if you do or don't perform this procedure? Are there other APNs performing this task with similar patient populations?

Finally, identify the options and implications of your decision--acceptance, an agreement to learn, or refusal to accept the new task. If you agree to the request, you will have a legal and ethical responsibility to carry out this procedure. You will need to ensure that you have documentation to validate your competency in performing the new task. If you are not comfortable performing the task, agree

to learn the procedure if you've determined that it is within your scope of practice. Develop a timeframe to learn and then validate your competency. If you believe the task is not something within your scope of practice, identify other possible options or solutions.

It is a joint venture of the APN and healthcare employers to ensure patients receive safe, competent care. The utilization of this decision making model will help the APN decide what they can do to uphold their end of this responsibility.

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TO PRACTICE OR NOT...

by **Fred Knight, JD** General Counsel

WHAT IS A NURSE TO DO when asked to perform a task that is beyond his or her scope of practice? The obvious answer would seem to be "just don't do it." However, in the real world of nursing, this is often difficult to do as this request usually comes from a supervisor or some other person of authority. Furthermore, such a request often occurs during times of stress when there is little or no time to think about your decision. You should always take a moment to assess the situation to determine if it's within your area of competency.

Once a nurse determines that the

requested assignment exceeds his or her scope of practice the nurse should state their concerns and refuse the assignment. You should document your refusal and the reasons given and have it witnessed if possible. This will be useful if your employer attempts to take disciplinary action later. Unfortunately, there may be rare instances when an employer chooses to terminate a nurse's employment for refusing an assignment. If this happens, you should know your company's grievance policies and procedures and possibly seek legal assistance. No one wants to lose their job, but you may be better off working for an employer who respects your honesty and judgment. If

you work outside your scope of practice once, chances are that you'll be asked to do it again.

As most nurses are aware, your scope of practice is fluid and constantly changing in response to society's healthcare needs, technical advancements, and changing scientific knowledge. Ultimately each nurse is responsible and accountable, both professionally and legally, for determining his or her own personal scope of practice. In the end, when all is said and done, it's a wise nurse who knows their scope of practice and "practices within that scope."

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Intensive participation accelerates clinical improvement

AFMC consultation achieves high satisfaction scores

Measurably improving clinical performance can be a challenge. Evaluating and changing long-standing processes may improve care and efficiency in the long run, but requires an initial investment of time and resources. While progress in our state has been slow but steady, recent data shows that health care providers receiving individualized consultation and guidance from the Arkansas Foundation for Medical Care have higher rates of improvement in specific measures of quality, as well as high levels of satisfaction in working with AFMC.

TARGETED TEAMWORK – AFMC works with practitioners in different sectors of the health care system (home health, long-term care, outpatient facilities and inpatient units) to identify barriers in health care delivery and apply proven methods to improve local clinical care. To foster meaningful change, we have found it beneficial to create subgroups of facilities to receive more focused attention from our clinical and analytic staffs.

Focused group projects can allow for more tailored interventions and targeted problem-solving

through collaborations between AFMC staff and local health professionals.

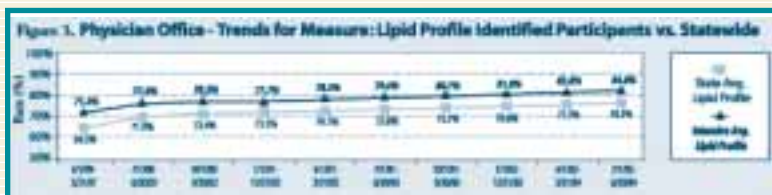
Figure 1 documents participant satisfaction in the AFMC activities and consultations made available through the quality improvement team.

AFMC outreach has been especially effective over the past three years, statewide and through more detailed intensive arrangements.

Long-term care facilities participating in the subgroup for focused AFMC consultation have been especially successful in reducing use of restraints. Figure 2 shows the improvement rates for prevalence of restraints versus the results of an intensive work group that was specifically dedicated to improving this clinical measure.

Outpatient care has also benefited from intensive workgroup consultation. A subset of clinical practices in the state showed substantial improvement in its use of diabetic testing modalities because of these added resources. (See figure 3.)

AFMC, in partnership with the Arkansas Department of Health, designed a toolkit to help hospitals identify patients who smoke and document smoking cessation intervention. Staff education, the development of processes to ensure consistent interventions, and designating specific disciplines or individuals responsible for providing counseling have been key to success. The reduction in failure rate for providing smoking cessation

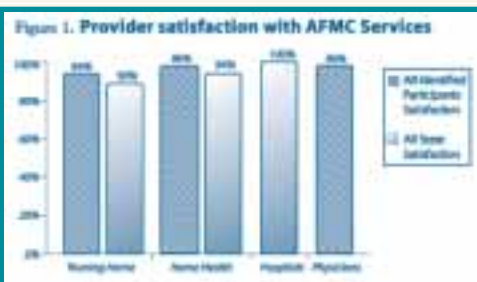


counseling to AMI patients has declined by 34.6% from baseline to current.

Home health agencies working with AFMC have shown impressive success compared to agencies statewide in the outcome measure Improvement in Dyspnea, which measures performance on several key aspects of treatment. In July 2003, the statewide baseline rate was 48.56% and the intensive work-group's baseline rate was 37.96%. In July 2004, the statewide rate was 51.63% and the intensive workgroup's rate was 53.06%. The decrease in failure rate was 24.34% for the intensive workgroup and 5.97% statewide.

SUCCESS IS CONTAGIOUS – Quality improvement requires local commitment to a change process and adaptation of core clinical principles to the specific circumstances of a clinical facility. AFMC cannot apply quality improvement techniques on its own, but can provide information, techniques and support to those facilities interested in targeting specific clinical issues.

To learn more about AFMC's quality improvement opportunities, call our health care quality improvement team at 1-877-375-5700 or visit www.afmc.org/quality.



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End of Life Care Pain Management

Ethics

Medication Errors

Nurse Practice Acts

Patient Privacy

Professional Accountability

Sharpening Critical Thinking Skills



E-LEARNING FOR THE NURSING COMMUNITY

New and improved.... *Online License Renewal*

OK... MAYBE NOT NEW, but definitely improved. As of July 1, 2005 there will no longer be a processing fee charged to a nurse for online transactions. This includes renewing your nursing license.

This method of renewing a license has made life easier for many nurses. Although many people are taking advantage of this service, there are still many more nurses who could benefit from it. There are advantages to online renewal including:

- It is easy. Just go to our website at www.arsbn.org, answer a few questions, and print your receipt. Yes, it is that easy!
- You do not have to search for paperwork. All you need is your license number, social security number, and a credit card.
- Online renewal saves you time. No more coloring the dots with a number two pencil, and driving to the office, or waiting for us to receive your renewal by mail. Your online information is downloaded daily.
- It is convenient. You can renew on your computer at home, at midnight, on a holiday if you so choose. If you do not have a computer at home, most work places have internet access, or you could renew on the computer at your local library.
- It is fast. Your license is mailed within five (5) working days of your online renewal.
- Your information is secure. The transaction is encrypted to protect your privacy.
- Online renewal reduces errors. If you make a mistake, or accidentally leave a question blank on your paper renewal form, we must send it back to you for correction, which can delay the processing of your renewal. However, if you are applying online and leave a question blank, an instruction reminder will appear, and the question must be completed before you advance to the next screen.
- You will receive a confirmation number, which you can print as proof of payment.
- You can pay by credit card. We accept Visa, MasterCard, and Discover with

online renewals.

- You can renew your advanced practice license as well as your LPN or RN license.

There are a few instances where you cannot renew online. These include (but are not limited to):

- If you wish to change your name when renewing your license
- If your license has been expired for one year or more
- If you were convicted of a crime since your last renewal (with the exception of DWI, traffic violations are exempt)
- If your license is currently encumbered in any state or jurisdiction
- If a federal or state agency has taken disciplinary action against you or your authority to practice
- If you were addicted to or treated for alcohol or other abuse potential substances since your last renewal

- If your primary state of residence is a compact state (These currently include Arizona, Delaware, Idaho, Iowa, Maine, Maryland, Mississippi, Nebraska, New Mexico, North Carolina, North Dakota, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.) (New Jersey is pending implementation as a compact state)

- If your primary state of residence is outside the United States and you are not in the military (US Military personnel stationed outside the United States may renew online.)

There are some states that are encouraging online renewals by no longer sending renewal forms to all nurses. Some states send reminder cards to go online and renew; others publish renewal reminders in their newsletter updates. While Arkansas is still mailing forms to nurses whose licenses are due for renewal, we definitely encourage you to consider going online to renew your license(s). If you are one of the nurses who have tried this service, you already know how easy it is. If you have not tried it, make a point to renew online next time...you will be pleasantly surprised.



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Disciplinary Actions

Disciplinary Actions—April and May 2005

The full statutory citations for disciplinary actions can be found at www.arsbn.org under *Nurse Practice Act*, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an impaired-nurse contract with an employer and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the *Nurse Practice Act*. To submit a report or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

APRIL

PROBATION

Allison, Andrea Michelle Wait
R30646, Van Buren
(a)(4)&(6), CP \$1,000

Cooper, Jackie Lynn
RN Endorsement Applicant,
Hensley
(a)(4),(6)&(7)

Cowles, Shalisa Nichole Delk
L33448, Bryant, CP \$700

Hess, Stephanie Gail
L35292(expired), Wynne
(a)(2),(4)&(6), CP \$900

Hubberd, Hollie Elizabeth
R65800, Greers Ferry
(a)(6)

Huitt, Jamie Leigh Grider
L33674, Warren
(a)(6), CP \$500

Joplin, Shannon Lee Ulmer Knight
R52779, Pocahontas
(a)(4)&(6), CP \$1,000

Marine, Kim Sue Amerson Roberts
Cleves
L34849, Summit
(a)(6), CP \$500

Richard, Jo Ann Adams
R36286, Fort Smith
CP \$500

Roberts, Jason Lynn
L40166, Bryant
(a)(4)&(6), CP \$1,000

Rowe, Amanda Kaye
L42172, Waldo
(a)(6), CP \$500

Strell, Christina Lynn
R72693, Little Rock
(a)(2)&(4)

Whitehead, Nicholas Brian
L38046, Jonesboro
(a)(2),(4)&(6)

SUSPENSION

Arnold, Tracy Renee Wilkins
LCastille, Ola B. Mitchell Williams
Jones
L14538, NLR
Probation Non-Compliance
CP \$500 + previous
Goodman, Barbara Ellen Myers
R54249, Lamar
Probation Non-Compliance
CP \$1,500 + prev. bal.

Hedges, Stephanie Carolyn Miller
Cook
L32859, Paragould
(a)(4)&(6)
Suspended until evaluation complete, followed by
CP, \$900

Johnson, Deborah Jane
R54727, Pine Bluff
(a)(4)&(6), CP \$3,000

Martin-Szymanski, Misty Spring
L38188, Fort Smith
(a)(4)&(6), CP \$2,500 + prev. bal.
CP \$750 + balance

VOLUNTARY SURRENDER

Blackmon, Vicky Lynn Spurgeon
Bryant, Cheryl Ranae Beaver
R70447, L37518(exp), Camden

Burnside, Christy Renee Cope Crisp
R50205, P01518, Jonesboro

Marchi, Cheryl Kathleen Marchi
Davis, R42711 (Inactive), N.
Richland Hills, TX

Holeman, Christina D. Binz
R63816, Little Rock

Ray, William Scott
L38539, Paragould

REINSTATEMENTS WITH PROBATION

Priest, Danny Michael
R56281, L28664(exp), Mabelvale
CP, pay previous balance

PROBATIONARY STATUS REMOVED

Cox, Natalie Renee Phillips
L37547, Arkadelphia

Thompson, Florence Elaine
Thompson
R31934, L21544 (exp), Little Rock

Ware, Stephanie Gail
R64790, Henlsley

APPEAL DENIED

Jones, Barbara Suzanne Minton
L42873, Colt

MAY

PROBATION

Atkinson, Teresa Thomas
R44994, Benton
(a)(2),(4)&(6), CP \$1,000

Bell, Tina Lee Hill Keistler Morris
Thompson Bell
L31775 (expired), DeWitt
(a)(2)&(6), CP \$800

Brooks, Judith Renee Rose
R45434, Bono
(a)(4),(6)&(9), CP \$800

Gardner, Wendy Renee James
L25660 (expired), Weiner
(a)(4)&(6), CP \$1,000

Hedge, Nancy Ann Hedge Harrell
R31675, Osceola
(a)(4),(6)&(9), CP \$1,200

Howe, Barbara Ann Dunn
R51034, Exeter, MO
(a)(4)&(6), CP \$800

Ileri, Sheri Rosemary
R70893, L41740(exp), Russellville
(a)(6), CP \$750

Jaynes, Teresa Dawn Floyd Sherer
R43206(exp), Searcy
(a)(4)&(6), CP \$900

Marchant, Jr., Joe Weldon
R51366, Muldrow, OK
(a)(2),(4)&(6), CP \$1,000

Rogers, Anne Bradford Dayton
L30268, Marmaduke
(a)(4)&(6), CP \$1,200

Stuart, Julie Kathleen Johnson
R41341, L24604(exp), Prescott
(a)(6)

Turner, Kathy Ann
L29184, Hatfield
(a)(6), CP \$500

Wine, Rebecca Lucinda
T01710, Mabelvale
(a)(6), CP \$800

SUSPENSION

Clemons, Ashley Johnette
L39243, Bearden
(a)(4)&(6), CP \$1,500

Crawley, Donna Jean
L26840, Sparkman
(a)(4)&(6), CP \$750

VOLUNTARY SURRENDER

Andrus, Lydia Marie Andrusyshyn
R55423, Wickes

Bowles, Rebecca Joyce Paxton
Skarda
R64422, T01500(exp), Benton

Brown, Amy Renee McCurter
L35094, Pocahontas

Dollens, Susan Lea Knapp
L35623 Poteau, OK

Mason, Karen Diane McEntire
L37989, Harrison

Neal, Sheila Michelle
R70046(exp), L30721(exp), West
Memphis

Ring, Kelly Kristine Sharpe
R42278, Sherwood

Smith, Jessie Benjamin
L36047, Pine Bluff

REINSTATEMENTS WITH PROBATION

Jones, Lutisha Renee Shaddon Trott
L34360, Mountain Home
(a)(2),(4)&(6),(f)(28)
CP, \$1,000

Mooney, Annetta Marie
L34028, London
(a)(2),(4),(6)&(9)
CP, \$1,500

Patrick, Lula Pauline Willcutt
R66301(exp), Atkins
(a)(6), CP \$800

Rhoads, Matthew Clint
R41254(exp), P01663(exp),
Sherwood
(a)(4)&(6), CP \$1,200

Legrand, Kelly Marie Cozby
R48959(exp), Pineville, MO
(a)(2),(4)&(6), CP \$1,200

Southerland, Susan Corine
R33141, NLR

REVOCATION

Barrett, Rhonda Diane Phillips
L33611, Blytheville
(a)(1),(6)&(9)

PROBATIONARY STATUS REMOVED

Carmean, Sharon Jo Sehorn
Vanwormer
L29188, Waldron

Glastetter, G. Stacy Curtis Glastetter
Branch
R67629, Little Rock

Sandmon, Mildred Evelyn
Nawojczyk Weger
R42569, Hot Springs

APPEAL DENIED

Baker, Judith Ann Mears
L16351, Haskell

Collier, Sheila Gail Vines
R19156, Little Rock

Grable, Nadia Alliene
L08564, Jacksonville

Smith, Phyllis Anne McGee
L22337, Houston

WAIVER GRANTED

Lindsey, Derrick Lydell
LPN Applicant, West Helena

Mooney, Annetta Marie
L34028, London

ASBN HOT CHECK NOTICE

The following names appear on the ASBN records for checks returned to the ASBN due to insufficient funds. If practicing in Arkansas, they may be in violation of the Nurse Practice Act and could be subject to disciplinary action by the Board. Please contact Darla Erickson at 501.686.2705 if any are employed in your facility.

Bradley, Rosa Marie	L16658
Evans, Nancy Lea	R37225
Garay, Tracey	L37878
McKee-Murphy, Bobbie	L14764
Shaheed, Nathan	T01220
Sivils, June Elizabeth	L30290
Williams, Sally F.	L26287

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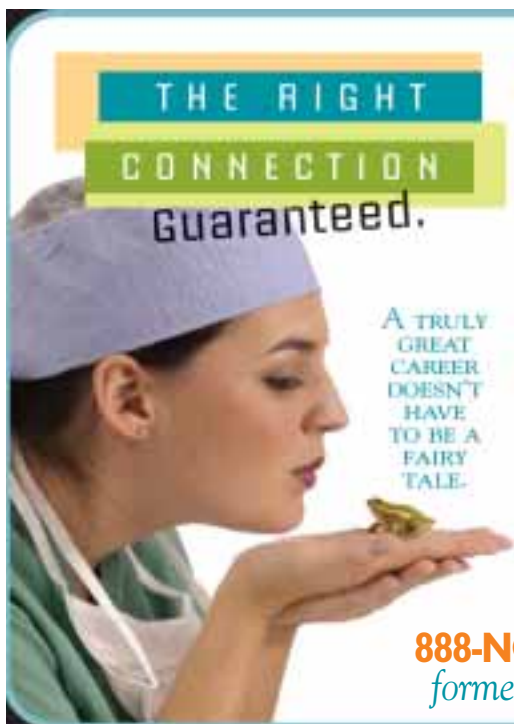
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